

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	X	x
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CON'T)	X	x
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	MOR-2	X	
Balance Sheet	MOR-3	X	
Status of Postpetition Taxes	MOR-4	N/A	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR-4	N/A	
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging	MOR-5	X	
Debtor Questionnaire	MOR-5	X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date 5-20-16

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date 5-20-16

Robert W. Haslam
Printed Name of Authorized Individual

V.P. of Operations
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR
(9/99)

In re: SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" column should be taken from the SMALL BUSINESS INITIAL REPORT (FORM IR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPER.	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	54 88				54 88	54 88	54 88	-232 17
RECEIPTS								
CASH SALES								
ACCOUNTS RECEIVABLE								
LOANS AND ADVANCES	450 00				450 00	793 00	450 00	1,037 60
SALE OF ASSETS								
OTHER (ATTACH LIST)						0 00	254 48	298 93
TRANSFERS (FROM DIP ACCTS)								
TOTAL RECEIPTS	450 00				450 00	793 00	704 48	1,334 53
DISBURSEMENTS								
NET PAYROLL								
PAYROLL TAXES								
SALES, USE, & OTHER TAXES								
INVENTORY PURCHASES								
SECURED RENTAL/LEASES								
INSURANCE								
ADMINISTRATIVE	45 00				45 00	60 00	45 00	60 00
SELLING								
OTHER (ATTACH LIST)	0 00					353 00	254 48	607 48
OWNER DRAW *								
TRANSFERS (TO DIP ACCTS)								
PROFESSIONAL FEES								
U.S. TRUSTEE QUARTERLY FEES	325 00				325 00	325 00	325 00	325 00
COURT COSTS								
TOTAL DISBURSEMENTS	370 00				370 00	738 00	624 48	992 48
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	80 00				80 00	55 00	80 00	342 05
CASH - END OF MONTH	134 88				134 88	109 88	134 88	109 88

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	325 00
LESS TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	0 00
PLUS ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	0 00
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	325 00

FORM MOR-1
(9/99)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re **SUNRISE / HOVCARE L.P.**
Debtor

Case No. _16-13894 (JNP)
Reporting Period: APRIL 2016

Explanation
Bank account opened in April for D.I.P. account

Other - \$287.05 was funding to Sunrise prior to opening the D.I.P. Account to pay outstanding payables.

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

STATEMENT OF OPERATIONS
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	0.00	0.00
Less: Returns and Allowances	0.00	0.00
Net Revenue	0.00	0.00
COST OF GOODS SOLD		
Beginning Inventory	0.00	0.00
Add: Purchases	0.00	0.00
Add: Cost of Labor	0.00	0.00
Add: Other Costs (attach schedule)	0.00	0.00
Less: Ending Inventory	0.00	0.00
Cost of Goods Sold	0.00	0.00
Gross Profit	0.00	0.00
OPERATING EXPENSES		
Advertising	0.00	0.00
Auto and Truck Expense	0.00	0.00
Bad Debts	0.00	0.00
Contributions	0.00	0.00
Employee Benefits Programs	0.00	0.00
Insider Compensation*	0.00	0.00
Insurance	0.00	0.00
Management Fees/Bonuses	0.00	0.00
Office Expense	0.00	0.00
Pension & Profit-Sharing Plans	0.00	0.00
Repairs and Maintenance	0.00	0.00
Rent and Lease Expense	0.00	0.00
Salaries/Commissions/Fees	0.00	0.00
Supplies	0.00	0.00
Taxes - Payroll	0.00	0.00
Taxes - Real Estate	1,511.53	1,511.53
Taxes - Other	0.00	0.00
Travel and Entertainment	0.00	0.00
Utilities	157.58	412.06
Other (attach schedule)	52.50	97.50
Total Operating Expenses Before Depreciation	1,721.61	2,021.09
Depreciation/Depletion/Amortization	0.00	0.00
Net Profit (Loss) Before Other Income & Expenses	-1,721.61	-2,021.09
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	0.00	0.00
Interest Expense	0.00	0.00
Other Expense (attach schedule)	0.00	0.00
Net Profit (Loss) Before Reorganization Items	0.00	0.00
REORGANIZATION ITEMS		
Professional Fees	0.00	0.00
U. S. Trustee Quarterly Fees	0.00	325.00
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	0.00	0.00
Gain (Loss) from Sale of Equipment	0.00	0.00
Other Reorganization Expenses (attach schedule)	0.00	0.00
Total Reorganization Expenses	0.00	325.00
Income Taxes	0.00	0.00
Net Profit (Loss)	-1,721.61	-2,346.09

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-2

(9/99)

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

STATEMENT OF OPERATIONS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Ending to Date
Other Costs		
Other Operational Expenses		
Bank fees		45.00
Annual reporting State of NJ	52.50	52.50
Other Income		
Other Expenses		
Other Reorganization Expenses		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

FORM MOR-2 (CONT)
(9/99)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. _16-13894 (JNP)
Reporting Period: APRIL 2016

Explanation

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS		
Unrestricted Cash and Equivalents	134.88	-233.17
Restricted Cash and Cash Equivalents (see continuation sheet)	0.00	0.00
Accounts Receivable (Net)	4,208,322.72	4,208,322.72
Notes Receivable	0.00	0.00
Inventories	0.00	0.00
Prepaid Expenses	0.00	0.00
Professional Retainers	0.00	0.00
Other Current Assets (attach schedule)	0.00	0.00
TOTAL CURRENT ASSETS	4,208,457.60	4,208,090.35
PROPERTY AND EQUIPMENT		
Real Property and Improvements	203,100.00	203,100.00
Machinery and Equipment	0.00	0.00
Furniture, Fixtures and Office Equipment	0.00	0.00
Leasehold Improvements	0.00	0.00
Vehicles	0.00	0.00
Less Accumulated Depreciation	-153,000.00	-152,000.00
TOTAL PROPERTY & EQUIPMENT	91,300.00	51,300.00
OTHER ASSETS		
Loans to Insiders*	0.00	0.00
Other Assets (attach schedule)	0.00	0.00
TOTAL OTHER ASSETS	0.00	0.00
TOTAL ASSETS	4,299,757.60	4,259,390.35

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	1,669.11	0.00
Taxes Payable (refer to FORM MOR-4)	0.00	0.00
Wages Payable	0.00	0.00
Notes Payable	0.00	0.00
Rent / Leases - Building/Equipment	0.00	0.00
Secured Debt / Adequate Protection Payments	0.00	0.00
Professional Fees	0.00	0.00
Amounts Due to Insiders*	0.00	0.00
Other Postpetition Liabilities (attach schedule)	0.00	0.00
TOTAL POSTPETITION LIABILITIES	1,669.11	0.00
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	13,447.28	13,447.28
Priority Debt	0.00	0.00
Unsecured Debt	124,807.08	124,807.08
TOTAL PRE-PETITION LIABILITIES	138,254.36	138,254.36
TOTAL LIABILITIES	139,923.47	138,254.36
OWNER EQUITY		
Capital Stock	0.00	0.00
Additional Paid-In Capital	4,137,618.28	4,137,618.28
Partners' Capital Account	0.00	0.00
Owner's Equity Account	1,091.80	1,091.80
Retained Earnings - Pre-Petition	-17,573.89	-17,573.89
Retained Earnings - Postpetition	-2,346.09	0.00
Adjustments to Owner Equity (attach schedule)	0.00	0.00
Postpetition Contributions (Distributions) (Draws) (attach schedule)	1,044.03	0.00
NET OWNER EQUITY	4,119,834.13	4,121,136.19
TOTAL LIABILITIES AND OWNERS' EQUITY	4,259,757.60	4,259,530.55

*"Insider" is defined in 11 U.S.C. Section 101(31)

FORM MOR-3
(9/99)

In re: SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

BALANCE SHEET - continuation sheet

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Current Assets		
Other Assets		
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Postpetition Liabilities		
Adjustments to Owner Equity		
Postpetition Contributions (Distributions) (Draws)		
funding for pymt of invoices	1,044.03	
Qrtly Trustee payment \$350		
State Reporting Filing \$52.50		
PSE&G \$436.32		
Deptford MUA \$105.21		
Opening deposit for DIP account \$100		

Restricted Cash: cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

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Explanation

Secured Debt - Taxes due to Twp \$13,447.28 pre-petition

Unsecured Debt - \$4,504.05 payables to vendors - \$38,555.65 suspense account - \$81,747.38 accrued payables
pre-petition

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding						0.00
FICA-Employee						0.00
FICA-Employer						0.00
Unemployment						0.00
Income						0.00
Other:						0.00
Total Federal Taxes	0.00	0.00	0.00	0.00	0.00	0.00
State and Local						
Withholding						0.00
Sales						0.00
Excise						0.00
Unemployment						0.00
Real Property						0.00
Personal Property						0.00
Other:						0.00
Total State and Local	0.00	0.00	0.00	0.00	0.00	0.00
Total Taxes	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable	1,669.11	0.00	0.00	0.00	0.00	1,669.11
Wages Payable	0.00	0.00	0.00	0.00	0.00	0.00
Taxes Payable	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Building	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Secured Debt/Adequate Protection Payments	0.00	0.00	0.00	0.00	0.00	0.00
Professional Fees	0.00	0.00	0.00	0.00	0.00	0.00
Amounts Due to Insiders*	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Total Postpetition Debts	1,669.11					

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-4
(9/99)

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: APRIL 2016

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	0
+ Amounts billed during the period	0
- Amounts collected during the period	0
Total Accounts Receivable at the end of the reporting period	0

Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	0
61 - 90 days old	0
91+ days old	0
Total Accounts Receivable	0
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	0

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.		X
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

FORM MOR-5
(9/99)



P.O. Box 40
601 Delsea Dr.
Sewell, NJ 08080

RETURN SERVICE REQUESTED

>000745 3938795 0001 092537 102

SUNRISE HOVCARE LP
DEBTOR IN POSSESSION
CASE #16-13894
900 BIRCHFIELD DR
MOUNT LAUREL NJ 08054-4017



Statement Ending 04/30/2016

Page 1 of 4

Managing Your Accounts

Phone Number 1 800 PARKEBK (727 6325)
 Mailing Address P.O. Box 40
601 Delsea Dr.
Sewell, NJ 08080
 Online Access www.parkebank.com

Welcome to Our New Statement Format

You spoke and we heard you! In response to customer feedback we have improved our statements:

- Account Numbers are now masked for security.
- Business Account History now lists credits and debits separately for easy reconciliation.

This new format allows us to provide you with enhanced information to help you manage your finances. Please feel free to contact us if you have any questions.

Summary of Accounts

Account Type	Account Number	Ending Balance
Parke Business	XXXXXXXX1846	\$459.88

Parke Business - XXXXXXXXX1846

Parke Business Checking

Account Summary

Date	Description	Amount
04/21/2016	Beginning Balance	\$0.00
	3 Credit(s) This Period	\$459.88
	0 Debit(s) This Period	\$0.00
04/30/2016	Ending Balance	\$459.88

Deposits

Date	Description	Amount
04/21/2016	Deposit Internet Transfer from 9000399984 CK	\$100.00
04/21/2016	Deposit	\$9.88
04/28/2016	Deposit Internet Transfer from 9000399984 CK	\$350.00



00745 3938795 001260 002551 0001/0002



Statement Ending 04/30/2016

Page 3 of 4



Parke Business - XXXXXXXX1846 (continued)

Parke Business Checking

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

0074 37387*5 005561 0002/0002

SUNRISE / HOVCARE L.P. - D.I.P. - 16-13894 (JNP)

General Ledger for a Specific Account

1/1/2016 to 4/30/2016

GL ACCOUNT: 100112		PARKE BANK - D.I.P.									
Date	Reference	Posting Remarks	Debit	Credit	CostCnt	Vendor	Invoice	CHK#	Sect	House	CostCode
4/21/2016	336863	JE CLOSE OUT & TRANSFER OPERATING BALANCE TO NEW D.I.P. ACCOUNT -	\$9.88								
4/21/2016	336794	JE FUND NEW PARKE BANK D.I.P. ACCOUNT VIA JSH,LLC TRANSFER -	\$100.00								
4/28/2016	336977	CK CHECK PROCESSING OF WOPO - CHECK PROCESSING		\$325.00							
4/28/2016	336984	CR TRANSFER FUNDS FROM JSH,LLC TO #612 SUNRISE HOVCARE D.I.P 16-13894 (JNP) ACCOUNT	\$350.00								
Total for the Month:			\$459.88	\$325.00							
			\$459.88	\$325.00							
Ending Balance for the Period							\$134.88				
			\$459.88	\$325.00							

SUNRISE / HOVCARE L.P. - D.I.P. - 16-13894 (JNP)

**Check Register
4/1/2016 to 4/30/2016**

Sub Co	Check#	Status	Check Date	Amount	Vendor	Paid To Order of	Bank	Manual	SRC
Cash Account 100112									
612	005507		4/28/2016	325.00	059053	U.S. TRUSTEE	A	<input type="checkbox"/>	C

Account Total: 325.00

Register Total: 325.00

VOIDS Total: 0.00

Net Paid: 325.00

Register Total: 325.00

VOIDS Total: 0.00

Net Paid: 325.00

A/P Aged Invoice Report

As of 04/30/2016

Vendor	Name	Invoice#	Inv Date	Due Date	Balance	Current	Due	30	60	90	120
Company: 612 SUNRISE / HOVCARE L.P. - DIP SUNRISE I											
005000	PUBLIC SERVICE ELEC	3804MAR2016	3/31/2016	4/7/2016	103.88		103.88				
Vendor Totals:					103.88		103.88				
<hr/>											
NOF	DEPTFORD TOWNSHIP	3046APR2016	4/6/2016	4/6/2016	53.70		53.70				
	DEPTFORD TOWNSHIP	TX82113901Q 2-2016	5/1/2016	5/1/2016	1,511.53	1,511.53					
Vendor Totals:					1,565.23		53.70				
						1,511.53					
<hr/>											
Company Totals:					1,669.11		157.58				
Company: 612						1,511.53					



CERTIFICATE OF LIABILITY INSURANCE

JSHOV-8 OP ID: KD
DATE (MM/DD/YYYY)
04/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Martin Company 500 Jessup Road West Deptford, NJ 08066 Sam Martin		CONTACT NAME: PHONE (A/C, No, Ext): 856-845-3836 FAX (A/C, No): 856-845-9191 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Evanston Ins Co	
		INSURER B: Travelers Ind Co. of Amer	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		3C41325	04/06/2016	04/06/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				
B	Building Coverage		QT 680 6807P897 TIA 11	04/06/2016	04/06/2017	239,000 Limit 1,000 Ded.
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER	CANCELLATION
US Bankruptcy Court	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sam Martin

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. _16-13894 (JNP)
Reporting Period: MARCH 2016 thru FEBRUARY 2017

RECEIPTS

Other Receipts - \$287.05 was deposited on 3/4 to fund checks written Feb. 29, 2016 - pre-petition
\$9.88 transferred to new D.I.P. Account

EXPENSE - MARCH 2016

AMINISTRATIVE	OTHER	Professional
15.00 Bank Srv Charge	200.78 P.S.E & G. 53.70 S&W MUA 30.00 Bank NSF	

EXPENSES - for April 2016 thru February 2017

For May only - vandalism repairs - front door of home kicked in.est. \$200 in repairs

AMINISTRATIVE	OTHER		Professional
15.00 Bank Srv Charge	200.00 P.S.E & G. 53.00 S&W MUA 100.00 Maint	Est for year Est for year Est for year	1,500.00 Hefiler/Acctg July
15.00	353.00		1,500.00